KANSAS CITY, MISSOURI POLICE DEPARTMENT PRIVATE OFFICERS LICENSING UNIT VERIFICATION OF FIREARMS TRAINING

NAME		DATE		
Race	Sex	DOB		
COMPANY				
I certify that the above	e named person has	been trained in the use of the	below listed firearm.	
REVOLVER				
Make	Model	Caliber	Serial #	
SEMI-AUTOMATIC				
Make	Model	Caliber	Serial #	
sight alignment and trigge	r control for revolver	ules in addition to stance, grip, s or stance, grip, loading maga and trigger control for semi-auto	zine, tap and rack to	
		Signature	Signature	
		Print Name of Instructor		
		Title of Instructor		
		Company of Instructor		